

TAFE International Western Australia manages the placement and fee collection of overseas students into public schools, in line with the Department of Education's Enrolment of Overseas Students Schedule.

STUDENT PROFILE

This form must be completed by all students seeking Confirmation of Appropriate Accommodation and Welfare (CAAW). All questions must be answered and dates entered in DD/MM/YY format unless specified. This icon appears in sections where additional documentation must be attached.

STUDENT	T DETAILS (p	ease attach a copy c	f the photo pag	e on student's pa	assport)					
Student ID:		Da	ate of birth:		Gender:	М	F			
Family name:	Family name: Given name(s):									
Nationality:	lationality: Languages spoken at home:									
Home country ad	dress									
Number and Street:					Suburb/City:					
Province/State: Country:					Postcode/Zip code:					
Telephone (count	ry code/area co	ode/number):			Mc	bile:				
Email:										
DIETARY REQ	UIREMENTS									
Do you have spec	ific dietary requ	uirements i.e. halal,	vegetarian?	Yes N	lo If yes,	please pro	vide details.			
MEDICAL										
Please advise if th	ne student suffe	ers from any of the	following:	Yes No	If yes, pl	ease provi	de details.			
Anxiety	Asthma	Bed wetting	Blackouts	Depressi	on D	iabetes	Dizzy spells	Fits of any type		
Heart conditio	n Migra	ine Sleep w	valking Tra	avel sickness						
Please specify if t	he student suff	ers from the follow	ing allergies:	Yes	No If yes, p	lease prov	ide details including	effect of the allergy.		
Penicillin	Bee stings	Animals	Food	Other						

MEDICAL (CONT.)

Please specify any current medication taken by the student and the reason:

Name of medication Reason for medication Dosage Has your child been immunised? If yes please select from the following: Yes Polio Other (please specify): Tetanus Tuberculosis Has your child received the COVID-19 vaccination? If yes please specify the following: Yes Date of vaccination (dd/mm/yyyy): Boosters: 1st 2nd 2nd Student's swimming ability: Intermediate Basic Advanced Please specify any further information (eg; fear of heights): **HOBBIES/INTERESTS** Please help us gain an understanding of your child by Is there anything else you would like to mention? answering yes or no to the following questions: Confident relating to adults Yes No Confident relating to peers Yes No Responsible completing homework No Confident working independently with minimum supervision Yes No Enjoys spending free time with family/siblings Yes No Enjoys time with friends outside of the family Yes No Prefers spending time alone Yes No Makes new friends easily Yes No Enjoys playing sport Vρς Nο **FAMILY DETAILS** Mother's details (please attach a copy of the photo page from mother's passport) Given name(s): Number and Street: ______Suburb/City: ______

Father's details (please attach a copy of the please attach at the please attach attach at the please attach at	oto page from father's passport)
Family name:	Given name(s):
Number and Street:	Suburb/City:
State: Coun	ry:Postcode/Zip code:
Telephone (country code/area code/number):	Mobile:
Email:	Passport number:
Siblings	
Male Age(s):	Female Age(s):
Do you have any family or friends in Australia?	Yes No
If yes, please provide details of all family/friends that	your child may be in contact with (you may list on a separate sheet if required).
Family name:	
Number and Street:	Suburb/City:
State: Posto	ode/Zip code:
Telephone (country code/area code/number):	
Email:	Relationship:
STUDENTS AND WORK	
Providing work does not affect school attendance of 20 hours per week (including voluntary work).	or performance, students who have written permission from parents may work up to a maximum
Parents/Guardians please note:	
	permission to work will arrive home from work no later than 9:00pm Sunday to Thursday, and ely affect school performance or attendance, TAFE International Western Australia (TIWA) approval equired to cease employment.
I give permission for my child to undertake em	ployment
I do not give permission for my child to under	ake employment up to a maximum of 20 hours per week.
Other – please specify i.e.; only permitted to w	ork Saturdays
HOLIDAYS	
	ed of student's holiday arrangements. Each term students are required to advise TIWA if they will
be returning home for the holiday or remaining in	homestay. for both outgoing and return journeys including flight number, booking reference and ticket number.
Students returning nome must provide night details	Toll both outgoing and return journeys including night number, booking reference and ticket number.
DECLARATION	
By signing this approval I confirm that all the info	mation included on the form is correct.
Parent / Legal guardian name:	Date:
SUBMIT THIS FORM	

Please send the completed form to admissions.tiwa@dtwd.wa.gov.au 🗵 and ensure that total email attachments are under 6MB.